

	PERMIT APPLICATION <h1 style="margin: 0;">GENERATOR</h1> <small>TYPE OR PRINT IN INK ONLY FBC 2020 – 7<sup>th</sup> Edition – NEC 2017</small>		<b>Permit Number</b> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Residential                      <input type="checkbox"/> Commercial         </div>	
	<b>CITY OF DELTONA</b> <b>BUILDING AND ENFORCEMENT SERVICES</b> 2345 PROVIDENCE BLVD - DELTONA, FL 32725 Permitting: 386-878-8650 – 386-878-8660 Zoning: 386-878-8665 – Fax: 386-878-8651 permitting@deltonafl.gov		City of Deltona Automated Inspection System  <h2 style="margin: 0;">(386) 575-6900 or (407)936-9999</h2>	
			<b>Parcel ID#</b>	
Property Owner's Name _____			Phone (    )    -    _____	
Project Address – Include City & Zip _____				
Applicant _____		License # _____		Phone _____
Applicant's Address - Include City & Zip _____		Fax _____		
Electrical Company _____		Contractor's Name _____		License # _____
Gas Piping Company _____		Contractor's Name _____		Phone _____
Gas Company _____		Contractor's Name _____		License # _____
<b>GENERATOR SPECIFICATIONS</b>  <input type="checkbox"/> KW _____  <input type="checkbox"/> Manufacturer _____			<b>GAS</b>  <input type="checkbox"/> Propane - Gallons: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Existing Tank</span> <span><input type="checkbox"/> New Tank</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Above Ground</span> <span><input type="checkbox"/> Under Ground</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span><input type="checkbox"/> Natural</span> <span><input type="checkbox"/> Gasoline</span> <span><input type="checkbox"/> Diesel</span> </div>	
<b>JOB VALUATION \$</b> _____		_____ <b>Signature of Applicant</b> (Contractor's signature to be Notarized)		
<b>DATE</b> _____				
<b>STATE OF FLORIDA, COUNTY OF</b> _____				
Affirmed and subscribed before me this _____ day of _____ 20____ by _____				
who is personally known to me or who has produced _____ (type of ID) identification.				
_____ Signature of Notary Public State of Florida				
_____ Print, Type or Stamp Name of Notary (SEAL)				
<small>The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability; express or implied, of the Department, Municipality, Agency or Inspector; and certifies that all of the above information is accurate. Have Permit/Application number and address when requesting inspections, call 386-575-6900 / 407-936-9999. Inspections will be done the next business day.</small>				
<b>PERMIT EXPIRATION:</b> permit expires 180 days from date issued unless otherwise noted below or governed by law.				
<b>WARNING TO OWNER:</b> YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.				
_____				
<b>PERMIT ISSUED BY MUNICIPAL AGENT</b> _____			<b>DATE</b> _____	